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Medicalization of Female Beauty: A Content Analysis of Cosmetic Procedures

Ashley L. Merianos

University of Cincinnati, ashley.merianos@uc.edu

Rebecca A. Vidourek

University of Cincinnati, ashley.merianos@uc.edu

Keith K. King

University of Cincinnati, kingkt@ucmail.uc.edu

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Abstract

Over the past decade, cosmetic procedures have significantly increased in options available for females to achieve the American cultural standards of beauty. The purpose of this study is to conduct a content analysis of brochures and to observe what cosmetic procedures are made available to female customers from plastic surgery centers, and also to examine the medical and therapeutic framing techniques used to encourage females to undergo cosmetic procedures. Three plastic surgery centers (overall response rate= 60%) located in one metropolitan area served as participants for this study. The researcher observed the locations and collected all brochures made available. Twenty - one diverse brochures were used in this study as well as the researcher locate d the websites to view any missing information of services offered not included in the brochures. A content analysis was conducted of the brochures. All of the cosmetic surgery centers were accredited and advertised each plastic surgeon's credibility. Various invasive and noninvasive cosmetic procedures were offered by each center including procedures that focus on the face, breasts, body, and skin care. Additionally, all cosmetic surgery centers marketed their elective surgeries to females by using medical terms as well as therapeutic terms. As the rates of cosmetic procedures have significantly increased overtime, cosmetic surgeons appear to benefit from employing medical terms to diagnose beauty among their target population of healthy females. In addition, using therapeutic terms to ensure increase self - esteem among females is another beneficial framing technique

Keywords

Cosmetic Surgery, Content Analysis, Medicalization, Therapy, Beauty

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Medicalization of Female Beauty: A Content Analysis of Cosmetic Procedures

Ashley L. Merianos, Rebecca A. Vidourek, and Keith A. King
 University of Cincinnati, Cincinnati, Ohio, USA

Over the past decade, cosmetic procedures have significantly increased in options available for females to achieve the American cultural standards of beauty. The purpose of this study is to conduct a content analysis of brochures and to observe what cosmetic procedures are made available to female customers from plastic surgery centers, and also to examine the medical and therapeutic framing techniques used to encourage females to undergo cosmetic procedures. Three plastic surgery centers (overall response rate= 60%) located in one metropolitan area served as participants for this study. The researcher observed the locations and collected all brochures made available. Twenty-one diverse brochures were used in this study as well as the researcher located the websites to view any missing information of services offered not included in the brochures. A content analysis was conducted of the brochures. All of the cosmetic surgery centers were accredited and advertised each plastic surgeon's credibility. Various invasive and noninvasive cosmetic procedures were offered by each center including procedures that focus on the face, breasts, body, and skin care. Additionally, all cosmetic surgery centers marketed their elective surgeries to females by using medical terms as well as therapeutic terms. As the rates of cosmetic procedures have significantly increased overtime, cosmetic surgeons appear to benefit from employing medical terms to diagnose beauty among their target population of healthy females. In addition, using therapeutic terms to ensure increase self-esteem among females is another beneficial framing technique. Keywords: Cosmetic Surgery, Content Analysis, Medicalization, Therapy, Beauty

Introduction

Over the past decade, cosmetic procedure options have significantly increased to help individuals achieve the American cultural standards of beauty (Greenberg, Bruess, & Conklin, 2011). According to the American Society of Plastic Surgeons (2011), cosmetic plastic surgery includes surgical and nonsurgical procedures individuals undergo to reshape normal structures of the body as well as enhance appearance, confidence, and self-esteem. As technology in cosmetic procedures increase, the amount of patients undergoing these noninvasive and invasive procedures also increase (American Society of Plastic Surgeons, 2011). Most recent data from the 2010 U.S. Cosmetic Plastic Surgery Statistics revealed that there has been a 77% increase in total cosmetic procedures performed in the past decade, as well as over 13 million total cosmetic procedures were performed in 2010. Of these procedures, more than 12.6 million were performed on females with the top five female cosmetic surgical procedures performed being breast augmentations (296,000 procedures performed), rhinoplasty (189,000 procedures performed), liposuction (179,000 procedures performed), eyelid surgery (177,000 procedures performed) and tummy tucks (112,000 procedures performed). In addition, the top five minimally-invasive procedures females elected to have were botulinum toxin type A (5 million procedures performed), soft tissue

fillers (1.7 million procedures performed), chemical peel (1.1 million procedures performed), laser hair removal (773,000 procedures performed), and microdermabrasion (666,000 procedures performed).

In American society, diverse media marketing strategies and materials perpetuate the idealized standards of beauty among females by influencing a particular body image as well as providing convenient solutions to achieve this body image by undergoing surgery (Teague, Mackenzie, & Rosenthal, 2011). As cosmetic surgery is now widely available to assist females in reaching cultural beauty norms, previous literature revealed females may undergo breast augmentations to regain femininity without getting fat to fit the ideal feminine body portrayed by the media or may seek cosmetic procedures to self-treat body dysmorphic disorders (Jones, 2008). However, not everyone who turns to the solution of cosmetic procedures suffers from body image issues as cosmetic surgery and makeovers have become a commonplace in society (Greenburg et al., 2011). In relation to the body, cosmetic procedures can be viewed as a sociocultural occurrence of medicalization of female beauty and also the normalcy of these procedures to achieve perfectionism as well as receive therapy (Pitts-Taylor, 2007).

Previous research indicates females are socially influenced to view their bodies through the lens of medical terminology including terms associated with aesthetic flaws and genetics as an issue in which they should seek the help of medical professionals (Gagne & McGaughey, 2002; Gillespie, 1996; Gimlin, 2000). Specifically, medicalization is a process that can be defined in which nonmedical problems are describes in terms of medical problems such as illnesses and disorders (Conrad, 1992). According to Sullivan (1993) cosmetic procedures are unique in the medicalization process as the risks of undergoing these procedures are minimized in order to achieve the female beauty ideal. Additionally, cosmetic surgery is not a means of practicing traditional medicine that focuses on improving health and wellness as well as physical functioning since it only improves appearance of individuals (Sullivan, 1993). Thus, individuals may seek treatments such as cosmetic procedures in order to fix their nonmedical problems.

Females are heavily influenced to view beauty enhancing services such as cosmetic procedures as therapeutic treatments and rewards since they are advertised at the organizational level through a medical appeal approach (Black & Sharma, 2001). Regarding the body in terms of therapy, previous research analyzed cosmetic procedures and discovered a common theme that enhancing the body by undergoing cosmetic procedures will improve mental health (Fraser, 2003). Additional research found that women who elected to have cosmetic procedures performed described their experience as a way to connect the body and the self (Gagne & McGaughey, 2002). Bordo (1995) believes that body modification is an outlet that helps individuals gain control of their bodies.

Consequently, cosmetic surgery may be advertised as therapeutic since women validate their motive in undergoing these procedures as a way to increase their self-esteem as they elect to have the surgeries for themselves and not to please others or meet cultural standards (Gimlin, 2000). In addition to gaining self-esteem, females have also described rewarding themselves with cosmetic procedures for different underlying motives or as well as a means to pamper themselves (Brooks, 2004). Interestingly, most surgeons prefer clients who undergo cosmetic procedures in order to feel good about themselves (Dull & West, 1991). This seems to hold true since surgeons highlight the belief that these procedures are therapeutic for females to gain self-esteem (American Society of Plastic Surgeons, 2011). Generally cosmetic procedures encourage women to be proactive against having bad skin and also encourage the use of various anti-aging products to influence the body to look younger as well as increase personal wellness and identity (Pitts-Taylor, 2007).

The amount of cosmetic procedures performed has significantly increased over the past decade especially among American females compared to their male counterparts (American Society of Plastic Surgeons, 2011). This inevitably reinforces the cultural messages tailored to females to meet the female standards of beauty that is becoming even more limited and unrealistic overtime. Clearly, greater depth of research is clearly warranted to more thoroughly understand how cosmetic surgery centers influence their patients to undergo cosmetic surgery since these procedures are increasing overtime. Therefore, the purpose of this exploratory study is to describe how cosmetic surgery centers influence females to become patients in order to enhance their bodies. In addition, the terms of cosmetic procedures and reconstructive surgeries are typically used interchangeably when discussing plastic surgery options. However, the motivations of undergoing reconstructive surgeries are to correct disfigurements or restore function instead of to increase aesthetics by undergoing cosmetic procedures (Gillespie, 1996). Therefore this content analysis of cosmetic surgery centers will only consider female cosmetic procedures and medicalization of female beauty.

The purpose of this study is to conduct a content analysis of brochures made available to customers from cosmetic surgery centers located in one metropolitan area and to examine what if any framing techniques are used to encourage females to undergo cosmetic procedures. More specifically, the following research questions will be examined:

1. What types of cosmetic procedures are offered by each cosmetic surgery center and how is credibility established by these centers?
2. What are common terminology and themes used to frame beauty and the body in medical terms?
3. What are common terminology and themes used to frame beauty and the body in therapeutic terms?

All three of us researchers have common research interests including health promotion and education, researching body image issues, and ultimately focusing on risky behavior prevention. We have established a research team over the past years and have previously examined body image issues and related risky behaviors. Regarding body image issues, we have always been fascinated with the prevalence of cosmetic surgery and the risks related to these surgeries. In order to better understand the significant increase in procedures within recent years, we need to explore not only the consumer but the cosmetic surgery centers marketing strategies. Therefore, we are interested in developing an understanding to better understand how women are targeted to understand the body image phenomena more holistically, which led us to undertake this exploratory study. This study's findings will lend itself to future research studies conducted by us.

Methods

Content Analysis

Content analysis has been a widely used method to analyze and understand communication, particularly for studies of print media of various types (Kondracki, Wellman, Fada, & Amundson, 2002). We decided to perform a content analysis to interpret meaning from the content of informational and advertising text brochures offered by cosmetic surgery centers. Content analyses are unobtrusive in nature, cost effective, and provide a means to study a process. It is important to note that the weaknesses of this qualitative method is that it is limited to examining already recorded messages as well as ineffective for testing causal

relationships between variables (Kondracki et al., 2002). However, this study is not seeking to identify causal relationships as it is more descriptive in nature. In addition, these already recorded texts may be what is driving females to undergo cosmetic procedures. Therefore we deemed a content analysis as an appropriate research method for the present study.

Specifically, in this content analysis, a total of three cosmetic surgery centers' marketing materials in one metropolitan area were content analyzed in this study. Twenty-eight brochures were given to us to analyze and seven of these brochures were identical. Upon receiving brochures and marketing materials of services offered, we reviewed the centers' websites to receive any missing data that may not be portrayed in the brochures. The three participating surgery centers offered brochures voluntarily under the circumstances that we had no intention of utilizing the services they provided and we were not offering any incentives. One of the cosmetic surgery centers required a meeting with a cosmetic consultant before releasing brochures to us. We ensured all cosmetic surgery centers that their names would remain anonymous and confidential.

Procedures

We conducted a content analysis based on addressing six questions that Krippendorff (1980) suggested to address in every content analysis. As aforementioned, three cosmetic surgery centers' marketing materials located in one Metropolitan area were content analyzed according to the following procedures. Upon developing research questions we were interested in answering by performing the content analysis, a search engine was utilized to find cosmetic surgery centers located in within a 10 mile radius of the metropolitan area. Of the top 10 search engine results, we reviewed the 10 websites and chose five cosmetic surgery centers to visit to receive marketing materials, including brochures and website information. Inclusion criteria included having to be within the metropolitan area and the cosmetic surgery center had to offer both invasive and noninvasive procedures. Additionally, if the cosmetic surgery center had more than one location, additional information was collected from the other center for validity and reliability purposes. Exclusion data included being more than 10 miles out of the search and also did not offer both invasive and noninvasive procedures. Of the five cosmetic surgery centers, three agreed to offer marketing materials to us.

Content analysis is a widely used qualitative research method used in health-related studies in recent years (Hsiu-Fang & Shannon, 2005). Content analyses of cosmetic surgery center brochures and corresponding websites were analyzed to more thoroughly understand the messages women are exposed to regarding cosmetic procedures. Information about services offered from cosmetic surgery centers were also made available at the centers' websites and were used to identify all procedures offered if a comprehensive brochure of procedures was not provided.

Coding Themes and Intercoder Reliability

Content information was analyzed to identify key themes among cosmetic surgery centers. We used emergent coding by following the steps outlined by Haney, Russell, Gulek, and Fierros (1998). First all three of us reviewed all brochures, websites, and any other pertinent information independently to come up with a checklist of identified emergent and main themes while simultaneously conducting a word count to identify top words utilized in these materials. After this was completed, we compared identified themes and also word counts, and then consolidated the checklist into a master checklist to independently code materials. Finally, we checked the reliability of coding by calculating Cohen's Kappa, which

exceeded .80 (Cohen, 1960). In this manner, cosmetic surgery center content could be more clearly delineated and discussed.

Cosmetic Procedures & Credentials Offered by the Cosmetic Surgery Centers

Cosmetic Surgery Center 1.

The first center where we collected content from is a cosmetic surgery center that has been voluntarily accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAHC). The AAHC (2012) suggests surgery conducted in this particular center is under similar conditions as if they were conducted in a hospital setting. Cosmetic Surgery Center 1 has two locations located in the same metropolitan area. Therefore, information was received from both locations and the website was viewed for additional information on the company.

The leading cosmetic surgeon for both locations is double board-certified facial plastic surgeon that specializes in facial plastic surgery and non-surgical facial procedures. In addition, the leading plastic surgeon is a national speaker as well as a published author of four books based on cosmetic procedures. A team of Licensed Estheticians work in conjunction with the cosmetic surgeon to help individuals achieve “optimum health and beauty” of their skin as well as achieve their “personal aesthetic goals.” A brochure with all of the services offered by this company were given to the researcher team as well as collecting 17 brochures that promote different services and brands that were available in the waiting room.

Cosmetic Surgery Center 1 offers multiple noninvasive services. Regarding invasive facial cosmetic procedures, individuals can receive advanced lift (jowls, jaw line, and neck), nose reshaping, upper and lower blepharoplasty (eyelid lift), and cheek and chin implants. Patients can also receive noninvasive facial procedures including Botox, Dysport, or various fillers including the brands Juvederm, Restalyne, Perlane, ArteFill, Sculptra, and Selphyl. This center also offers skin care cosmetic procedures including dermaplaning, microdermabrasion, vitalize peels, biomedic peels, VI peel, post-surgical facial, glycolic facial, acne treatment, micropigmentation or permanent make-up), lash and brow tints, camouflage and cosmetic makeovers and customized skin care home treatment. Laser hair removal, intense pulse light treatment, thermage, fraxel, and smartxide lasers procedures are also offered.

Although this cosmetic surgery center focuses on facial cosmetic procedures and skin care, the center does offer cosmetic procedures for other parts of the body such as the invasive procedures of advanced liposculpture, tummy tucks, and breast augmentations as well as noninvasive procedures including coolsculpting to reduce fat, non-invasive body slimming, and even an equilibrium weight loss program. Hair is another focal point of this center where patients can receive a micro-follicular transplant, luce laser to help grow hair, or hairDX to predict hair loss for preventative care.

Cosmetic Surgery Center 2.

The second cosmetic surgery center has one center located in the metropolitan area outlined for this study. Information for the analysis was received from this location and the additional information was obtained from the website. The only surgeon to perform procedures at this cosmetic surgery center is board certified by the American Board of Plastic Surgery and is a member of the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgeons. Additionally, this surgeon trains physicians in the

metropolitan area on the safety and use of the brands Botox, Latisse, and Juvederm. This center has a licensed nurse practitioner who has been assisting the cosmetic surgeon at this center for over 10 years. The research team was offered five brochures by the office staff, as well as a business card with information directing individuals to their website to receive information about the cosmetic procedures offered. The materials were not readily available in the waiting room.

Cosmetic Surgery Center 2 offers cosmetic procedures on the face, body, and skin. Regarding facial cosmetic procedures, the cosmetic surgeon performs facelifts, nose reshaping, browlift, eyelid surgery, neck lift, chin augmentation, cheek implants, ear surgery as well as Botox, Juvederm, and Sculptra Aesthetic. Regarding skin cosmetic procedures, Cosmetic Surgery Center 2 offers laser skin resurfacing, dermabrasion, chemical peels, and permanent makeup. Females may also undergo invasive, body cosmetic procedures such as breast augmentations, breast lifts, breast reductions, tummy tucks, liposuction, body lift, and labiaplasty.

Cosmetic Surgery Center 3.

The final cosmetic surgery center materials reviewed in this content analysis were from Cosmetic Surgery Center 3 located in the metropolitan area. Content was obtained from all three different locations and the company's website. This cosmetic surgery center has six cosmetic surgeons that are all certified by the American Board of Plastic Surgeons. The six cosmetic surgeons credentials include: a physician who is a founding partner of Cosmetic Surgery Center 3 that has been rated a top doctor in plastic surgery by the metropolitan magazine in 2005, 2007, 2008, 2010, and 2011; a physician with Fellow American College of Surgeons (F.A.C.S.) credentials who is also a founding partner of Cosmetic Surgery Center 3 and was also rated top doctor in plastic surgery in 2011; a physician with F.A.C.S. credentials that was also rated top doctor in plastic surgery by the same metropolitan magazine in 2008 and 2010; a physician with F.A.C.S. credentials who was also rated top doctor in plastic surgery in 2011; a physician with F.A.C.S. credentials who was also rated top doctor in plastic surgery in 2008 and 2009. The research team collected six brochures in the waiting room and was instructed to talk to someone about receiving more information about the choices on plastic surgeons and the center.

Cosmetic Surgery Center 3 offers numerous invasive and noninvasive cosmetic procedures as well as choices of cosmetic surgeons depending on desired procedures and specialty areas. Choices for cosmetic procedures the surgeons perform on main body parts include breast augmentations, breast lifts, breast reductions, liposuction, tummy tucks, body lift, and spider veins laser treatments. Facial rejuvenating cosmetic procedures offered by this center include face lift, neck lift, eyelid surgery, brow lift. Facial refinement cosmetic procedures offered include rhinoplasty, chin and cheek implants, cheek reductions, and soft tissue fillers including Restalyne and Botox. Cosmetic Surgery Center 3 also offers skincare where patients can receive acne photoclearing, dermabrasion, chemical peels, laser treatments, micropigmentation, thermage, and an ultrasonic facial.

Results

A total of three cosmetic surgery centers participated (60% response rate). A series of common components and key findings were identified by us. The following sections address the emergent themes in the brochures and websites.

Content of the Brochures

The brochures that were identical were included as a monolithic entity for the content analysis and therefore 21 brochures were examined. Variables of the 21 different brochures and the three websites retrieved from the cosmetic surgery centers included in this analysis are type of procedures offered, visual images, and medical and therapeutic terminology used.

Table 1. Invasive and Noninvasive Procedures Offered by Cosmetic Surgery Centers

| Invasive Procedures Offered |
|--|
| Facelift |
| Breast augmentation |
| Liposuction |
| Rhinoplasty |
| |
| Non-invasive Procedures Offered |
| Sephyl |
| Photorejuvenation |
| Deka |
| Thermage |
| Sculptra Aesthetic Procedure |
| DiamondTome Microexfoliation Procedure |
| Botox Injections |
| Dysport Injections |
| Juvederm Filler |
| Radiesse Filler |
| Perlane/Restalyne Filler |
| Artfill Filler |
| Permanent Cosmetic Makeup Procedures |
| Eyelash Growth |
| Coolsculpting Fat Cell Elimination Procedure |
| Laser Hair Removal |

Note: Findings were based on an analysis of 21 brochures and 3 cosmetic surgery centers' websites.

Types of Procedures Offered.

All three of the cosmetic surgery centers offered invasive or surgical procedures including facelifts, breast augmentations, liposuction, and rhinoplasty (Table 1). Regarding brochure content, only four brochures were offered regarding surgical procedures including liposuction, breast augmentation, facts about silicone gel-filled breast implants, and facelifts although all centers offered noninvasive or nonsurgical procedures. Of the brochures collected, 16 were non-invasive procedures including anti-aging treatments and skin rejuvenation procedures called Sephyl, photorejuvenation, Deka, and thermage, Sculptra Aesthetic, DiamondTome microexfoliation procedure, Botox injections, Dysport injections, and various fillers including Juvederm, Radiesse, Perlane/Restalyne, Artefill. Additionally, noninvasive procedure information regarding permanent cosmetic makeup procedures, eyelash growth product called Latisse, Coolsculpting fat cell elimination procedure, and laser hair removal were also given (see Table 1). Interestingly only Cosmetic Surgery Center 1 had a brochure detailing all services offered and made a CareCredit application available that offers a way to pay for elective cosmetic procedures that are not covered by insurance. The

other two centers only had these services listed on their websites and did not offer any information about payment plans. However, all three centers did not have price listings on their brochures or websites as patients must receive a consultation to get price quotes on procedures. This finding highlighted by us researchers led us to believe that the cosmetic surgery centers do not center their services on monetary value and instead focus more on the value of medicalization of beauty.

Visual Images.

Of the 21 different brochures collected from the three cosmetic surgery centers, 20 of the brochures had female bodies on the front cover. All females faces that were shown were smiling as well as they all appeared to be healthy and youthful. Surprisingly, the only brochure that involved a male body was the CoolSculpting brochure that involves a male with his shirt off and a towel and a bottle of water. The first line offered in the brochure is “Your challenge: Exercise resistant fat.” Before starting the content analysis, we wanted to delimit the study to females. This aforementioned finding of visual images reaffirms how cosmetic surgeries are geared towards females as target audiences compared to males.

Terminology: Common Themes

Medicalization Terms of Female Beauty and the Body.

Common themes related to how the body is medicalized for undergoing elective procedures were revealed by this content analysis including scientific language, fixing what appears to be medical flaws and medical illness by seeking medical professional help, medical environment, and aging process instead of using aesthetic language. An example of the medicalization terms of elective procedures is seen in Cosmetic Surgery Center 1 brochures of services offered as it states “comprehensive, one-hour lift is a great to correct your sagging jowl, neck, and jawline under local anesthesia, with quick recovery time.” The top three medical terms revealed from the content analysis were physician, clinically proven, and treatment (Table 2). Medical terms target female populations using scientific language, fixing aesthetic flaws and illnesses by offering medical professional help, and helping to defy the aging process. Clearly, advertising cosmetic surgeries using medicalization terms like the top three terms abovementioned has been successful as a marketing technique in regards to the increase in these types of procedures annually. Some examples of other medical terms used throughout the content were: scientists, crystalize fat cells, natural hyaluronic acid, aesthetic correction, severe facial wrinkles, aesthetic deformity, injected, biotechnical process, customized cosmetic procedures, wrinkle correction, natural collagen stimulation, no pain, correct skin aging, no post-procedure downtime, recovery, restores volume, refines lines, treatment sessions, follow-up treatments, injection sessions, subtle treatment, FDA-approved prescription treatment, safety information, revolutionary solution for age-defying skin, and skin-revitalizing treatment. These words also helped us understand how cosmetic surgery centers frame their marketing materials using medicalization terms such as framing the actual procedures being sold as medical and avoiding words that would make these procedures appear more elective in nature.

Table 2. Top Three Medical and Therapeutic Terms Revealed from the Content Analysis

| Medical Terms | Therapeutic Terms |
|-------------------|-------------------|
| Physician | Natural |
| Clinically Proven | Safe |
| Treatment | Youthful |

Note: Findings were based on an analysis of 21 brochures and 3 cosmetic surgery centers' websites.

Therapeutic Terms of Female Beauty and the Body.

An additional common theme found among brochures was highly therapeutic in nature including examples of healthy alternatives, self-help, anti-aging therapy, and increasing confidence and self-esteem. The three most common terms used therapeutically included: natural, safe, and youthful (see Table 2). Some examples of common therapeutic terms and sayings employed included immediate, long-lasting, comfortable, convenient, cosmetic effect, natural looking results, "your doctor will decide which product is right for you based on evaluation of your facial wrinkles and folds," "ideal for a broad range of patients as well as an enhanced patient comfort," "say goodbye to unwanted fat," "your body goes to work," "welcome to the new age of anti-age," "for first impressions, and second looks," "a beautiful investment in yourself," "ask your skin care specialist how you can get beautiful, flawless skin today!," "Now there is a better solution for unwanted hair," "join the millions of women who share one special thing: the real, noticeable results of Botox cosmetic," "put your best face forward," "seeking a natural approach to look younger?," "one hour of time can take way 10 years." These terms highlight how female beauty is framed in therapeutic terms by not only how women will look after undergoing cosmetic procedures, but also how they will be viewed in society. This suggests cosmetic procedures influence their overall self-worth, respect, and happiness they will experience after undergoing these procedures.

Testimonials with therapeutic themes were also included on brochures including: "I saw results in about a month—my pants fit better!," "I looked in the mirror I knew it was time," "I went to my plastic surgeon to explore conservative treatments that could help restore my youthful appearance and nobody assumed that I had anything done." Specifically in content from Cosmetic Surgery Center 1, therapeutic terminology included: empower, enhance their lives, "start your new year looking great," and "create an all new you were included." It is also important to underscore Cosmetic Surgery Center 3's slogan as "Surgery as an Art." These testimonials are attempting to establish credibility with the targeted audience. Again the therapeutic value of undergoing cosmetic procedures is being linked to how they will be treated in society.

Discussion

The purpose of the present study was to develop a better understanding of the marketing content from cosmetic surgery centers made available to customers. Additionally, this study examined framing techniques to more thoroughly understand the influence females may have to elect cosmetic procedures. All three cosmetic surgery centers had physicians who were board certified plastic surgeons who could perform noninvasive and invasive procedures. These centers also used medical and therapeutic terminology in describing their

services to potential customers. Previous research reveals that cosmetic surgeons benefit significantly from using medical terms to diagnose beauty as their target population tends to be healthy females who will have decreased risk of complications and decreased risk of recovery time compared to unhealthy counterparts (Sullivan, 1993). Thus, it is not surprising that healthy appearing females that idealize American cultural standards of the female body and beauty were featured on almost every brochure received from the cosmetic surgery centers. Cosmetic surgery centers are highly commercialized and medical content and website information available to consumers typically range from technical to informal depending on the targeted audience (Fraser, 2003).

Regarding medical terminology, the cosmetic surgery centers included in this study offered similar services as well as similar products to enhance female bodies and appearances. As aforementioned, all of the brochures analyzed and coded for this content analysis included medical terms to target female populations using scientific language, fixing aesthetic flaws and illnesses by offering medical professional help, and helping to defy the aging process. The top three words identified in all materials were physician, clinically proven, and treatment. Previous research reveals that differentiating between medical advice and sales-related content is tough and could potentially skew the decisions of consumers regarding weighting risks and benefits of the cosmetic surgery they may be debating (Gilmartin, 2011). More research is clearly warranted on the influence medical advice and sales-related content has on females' decisions regarding cosmetic surgery.

Previous research indicates females are significantly influenced to view their bodies through a medical lens in which they turn nonmedical troubles into medical issues (Gagne & McGaughey, 2002). In addition, previous literature reveals technical knives used for surgical cosmetic procedures have become increasingly accepted due to socialization (Morgan, 1991). Morgan (1991) refers to these knives as "magic knives" which supports the findings in this study that all cosmetic procedures promise to fix the female bodies as well as restore youth and to ultimately turn deformities as well as ordinary bodies into beauty. Thus, it is not surprising that all of the brochures analyzed included medicalization of the female body to enhance beauty.

In addition to the medicalization of the female body, most of the brochures also included therapeutic terms related to enhancing the body to increase self-esteem and confidence by controlling their appearance through medicalization of their bodies. The body is considered an enterprise that is continually enhanced to improve self-esteem (Fraser, 2003). Accordingly, it is not surprising the top three common therapeutic related words revealed in this content analysis were natural, safe, and youthful. Additionally, some therapeutic themes revealed in the content analysis to appeal to the female audience that should be highlighted and underscored included: healthy alternatives, self-help testimonials, anti-aging therapeutic treatments, and overall increasing confidence and self-esteem of women. This study lends support to the literature suggesting medical terminology and therapeutic terminology attracts female customers (Culos-Reed, Brawley, Martin, & Leary, 2002; Gagne & McGaughey, 2002). A previous study conducted by Culos-Reed and colleagues (2002) found that more than three-quarters of patients believed cosmetic surgery would enhance their appearance and well-being. Future research should explore women's beliefs on why they choose cosmetic surgery procedures to better understand therapeutic motives.

The brochures in the present study target females to view their bodies as properties that they can therapeutically invest in. Additionally, female embodiment is revealed in the content analysis as females who are unhappy with their outside appearance can attempt to solve this issue by undergoing elective procedures to enhance their appearances. For example, females may struggle with losing weight and may elect to have liposuction or

coolsculpting performed to increase their self-esteem and body image. As seen in previous research, most surgeons prefer patients who elect to have cosmetic procedures in order to increase their overall self-esteem (Dull & West, 1991) and are a possible explanation of why these brochures target females increasing their self-esteem. Overall these findings from the content analysis of services offered by the cosmetic surgery centers as well as the brochures received highlight undergoing cosmetic procedures to transform the body in order to increase personal health and wellness as well as beauty.

The present content analysis also revealed females are targeted to view cosmetic procedures as beauty services that provide medical therapy as well as therapeutic therapy. All of the brochures including noninvasive and invasive cosmetic procedures were portrayed through a medical lens as well as therapeutic healthy alternatives and safe options to enhance the female body. For example, the majority of the brochures employed medicalization of the female body by describing the natural process of aging as a medical problem that can be solved by receiving treatments. It is important to note that the bodily risks associated with medicalization are minimally discussed and typically found in small print in the brochures. Perhaps portraying elective female cosmetic surgeries in terms of medicine minimizes the risks associated as the surgeries seem to be needed instead of elected.

Cosmetic surgery center marketing materials play a role in influencing patients' decisions of electing to undergo cosmetic surgeries. Our findings of not listing prices of these procedures underscore the observation that the costs of these elective surgeries not included in the marketing materials may be a framing technique. Interestingly, previous research assessing the influence of patients seeking cosmetic surgery found that cost was not part of patients' consultations and instead participants received this information from the administrative assistants (Crockett, Pruzinsky, & Persing, 2007). Beyond consumers spending a lot of money on these procedures ever year, these procedures are not without risk of negative consequences associated with it. Consumer motivation for cosmetic surgery that is elective in nature instead of being a medical necessity is related to the framing techniques used in marketing materials including leaving the price out of the materials (Rountree & Davis, 2011). This implies that cosmetic procedures are not driven by cost, and instead of by strategically framing these procedures to not be elective in nature, and instead adding necessary medical and therapeutic values to females' lives.

Limitations

The following limitations to this study should be noted. First, cosmetic surgery centers were delimited to one metropolitan area and therefore caution should be used when generalizing findings to other geographical areas. Second, this study was limited to the extent of information available to the research team.

Conclusions and Recommendations

Study results should be shared with health professionals to better provide quality health information and clearly state the potential risks involved with cosmetic procedures that are covered up in advertising by utilizing medical and therapeutic terminology. This study should seek to identify consumer's knowledge upon viewing the brochures. The surgeons at the cosmetic surgery centers in the present study had professional qualifications and marketing their procedures through medicalizing beauty and using therapeutic terms in the content to attract potential consumers. Based on such findings, another implication for health professionals is to disseminate information on the importance of examining surgeons' professional qualifications and specialties before undergoing a procedure and the risks

associated with that procedure. This is important since medicalization and therapeutic terms are highly used in content to promote cosmetic procedures and may not portray potential risks involved.

Health professionals should better examine the motivations for seeking elective surgeries in future studies. Vulnerable patients should be told the risks, benefits, alternative treatment options, and be shown what to expect to look like after the cosmetic procedure has been performed. Finally, future studies should seek to understand and assess health professional's perceived responsibility to provide correct information that has not been medically or therapeutically termed.

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Author Note

Ashley L. Merianos is a graduate assistant of health promotion and education at the University of Cincinnati. Her research and teaching emphases include health promotion and education, body image, and risky behavior prevention. She remains committed to helping schools and communities create strong positive connections throughout her studies. She may be contacted at merianal@mail.uc.edu.

Rebecca A. Vidourek is an assistant professor of health promotion and education at the University of Cincinnati. Her research and teaching emphases include health promotion, school health education, and risky behavior prevention. She is dedicated toward assisting individuals in developing positive connections as a means to increase their overall engagement in healthy behaviors. She may be contacted at Vidourra@ucmail.uc.edu.

Keith A. King is a professor of health promotion and education at the University of Cincinnati. He also serves as the graduate director for the program. His research and teaching emphases include health promotion and human sexuality. He regularly collaborates with local, regional, and national organizations aimed toward building positive personal development and protective factors against risky behaviors. He may be contacted at 513-556-3859 or kingkt@ucmail.uc.edu.

Please direct correspondence to Ashley L. Merianos, Health Promotion and Education Program, University of Cincinnati, Cincinnati, OH 45221-0068, Phone 513-556-3859, Fax, 513-556-3898, Email merianal@mail.uc.edu.

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